

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101035397 -

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1				1			51						
10 2				5			52						
10 3				4			53						
10 4				1			54						
10 5				1			55						
10 6				1			56						
10 7				1			57						
10 8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			66				TOTAL DEP.						
TOTAL CLAIMS			70				TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51				1		
2				1			52				1		
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57				1		
8				1			58				1		
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68				1		
19				1			69				1		
20				1			70				1		
21				1			71				1		
22				1			72				1		
23				1			73				1		
24				1			74				1		
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82				1		
33				1			83				1		
34				1			84				1		
35				1			85						
36				1			86				1		
37				1			87						
38				1			88				1		
39				1			89				1		
40				1			90				1		
41				1			91				1		
42				1			92				1		
43				1			93				1		
44				1			94				1		
45				1			95						
46				1			96				1		
47				1			97						
48				1			98				1		
49				1			99				1		
50				1			100				1		
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						